

CIA 23 Rev. 5/98		FINANCIAL AFFIDAVIT	
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT		SOUTHERN DISTRICT OF MISSISSIPPI FILED MAR 23 2007 J. T. NOBLIN, CLERK DEPUTY	
IN THE CASE OF USA v. GASTON		LOCATION NUMBER <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
PERSON REPRESENTED (Show your full name) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		DOCKET NUMBERS Magistrate District Court 1:06cr79 -2 Court of Appeals	
CHARGE/OFFENSE (describe if applicable & check box →) <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		1 <input checked="" type="checkbox"/> Defendant - Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed Name and address of employer: <u>Harrison County Sheriff's Dept</u>									
	IF YES, how much do you earn per month? \$ <u>4000 gross</u>		IF NO, give month and year of last employment How much did you earn per month? \$ _____							
	If married is your Spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____									
	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____									
ASSETS	OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No RECEIVED SOURCES IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES \$ _____								
	CASH	Have you any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, state total amount \$ <u>700</u>								
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
	IF YES, GIVE THE VALUE AND DESCRIBE IT <table style="width: 100%;"> <thead> <tr> <th style="width: 40%;">VALUE</th> <th style="width: 60%;">DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td><u>90.90 K</u></td> <td><u>Lot</u></td> </tr> <tr> <td><u>14K</u></td> <td><u>05 Dodge Ram</u></td> </tr> <tr> <td><u>18K</u></td> <td><u>Boat</u></td> </tr> </tbody> </table>			VALUE	DESCRIPTION	<u>90.90 K</u>	<u>Lot</u>	<u>14K</u>	<u>05 Dodge Ram</u>	<u>18K</u>
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OBLIGATIONS & DEBTS	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> SEPARATED OR DIVORCED		Total No. of Dependents _____							
	List persons you actually support and your relationship to them _____ _____ _____									
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CREDIT CARD COMPANIES, ETC.)									
	APARTMENT OR HOME:	Creditors	Total Debt Monthly Paymt.							
<u>Borrow Fed Credit</u>		<u>\$ 21000</u>	<u>\$ 580</u>							
<u>Total credit card</u>		<u>\$ 6000</u>	<u>\$ 300</u>							
_____		_____	_____							
_____		_____	_____							

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

3/23/07

